

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		*	*	*	
	1st AMENDMENT	DEP.	2nd AMENDMENT	DEP.				
1					51			
2					52			
3					53			
4					54			
5					55			
6					56			
7					57			
8					58			
9					59			
10					60			
11					61			
12					62			
13					63			
14					64			
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40					90			
41					91			
42					92			
43					93			
44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.	4	J	4	J	TOTAL IND.			
TOTAL DEP.	37	J	35	J	TOTAL DEP.			
TOTAL CLAIMS	37	J	39	J	TOTAL CLAIMS			